

in case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each order of birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 138

Registered No.

1. PLACE OF BIRTH

County Gila State Arizona
District or Township San Carlos or Village
City No. St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Charles Sawyer Shorten
If child is not yet named, make supplemental report, as directed.

3. Sex of Child M. To be answered ONLY in event of plural births. 4. Twin, triplet or other. 5. No., in order of birth. 6. Legitimate? yes 7. Date of birth 9 12 28
Month Day Year

8. FATHER
Full name Paul Shorten

14. MOTHER
Full maiden name Edith Dickson

9. Residence (Usual place of abode) San Carlos
If non-resident, give place and state. Ariz.

15. Residence (Usual place of abode) San Carlos,
If non-resident, give place and state. Ariz.

10. Color or race Apache
4/4 Indian

16. Color or race Apache
4/4 Indian

12. Birthplace (city or place) San Carlos,
(State or country) Ariz.

18. Birthplace (city or state) San Carlos,
(State or country) Ariz.

13. Occupation
Nature of industry common labor

19. Occupation
Nature of industry housewife

20. Number of children of this mother. (Taken as of time of birth of child herein certified and including this child). (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum. yes

report CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was born alive at 4 A. m. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this returns. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature C. H. Sawyer M.D.

(Physician or midwife).

Given name added from San Carlos, Ariz.
Month, day, year

Filed C. H. Sawyer
Registrar.

325-912-545